Item 49

Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults and Healthwatch.

Title: What happens when a GP surgery closes or merges or there is other serious patient disruption Date of Meeting: 12 November 2019 Report of: Ashley Scarff, Director of Partnerships Contact: Ashley Scarff Email: ashley.scarff@nhs.net Wards Affected: ALL **FOR GENERAL RELEASE**
Executive Summary This report was requested at the Health & Wellbeing Board in September, following the announcement that the Matlock Road surgery will be merging with Beaconsfield Road. The CCG was asked to provide background information of the processes what the CCG have to undertake at a time of GP change. This short paper details these steps; and puts them in the context of the wider CCG programme aimed at increasing practice resilience. A more detailed paper, which includes this information but also described the development of PCNs, has been received by the Health Overview and Scrutiny Committee (HOSC).
Glossary of Terms CCG – Clinical Commissioning Group GP – General Practitioner PCNs – Primary Care Networks

1. Decisions, recommendations and any options

1.1 That the Board notes this report.

2. Background

2.1 There are currently 35 practices in the city. The number of surgeries where patients can access services is higher than that, as a number of these operate out of main and branch surgeries. It is true that the number of practices has reduced significantly in recent years

(from 45 practices in 2015), though the most recent changes have been due to mergers of practices rather than closures and therefore have not resulted in reductions in capacity. GPs are independent contractors, commissioned by the CCG and NHSE to provide a range of primary care services to their patients. As such, the CCG does not directly employ GPs or their staff and cannot determine GP practice actions; we can and do support them in the best interests of the population.

2.1.2 Brighton General Practice is not immune from pressures felt across the country, in particular as follows.

- The closure of practices since 2015 due to a number of reasons including partner retirements, termination of old contracts, three mergers from single handed practices, and patient safety concerns.

- An ongoing cross-workforce shortage, with a number of practices unable to recruit to vacancies over a long period of time and reluctance amongst a proportion of GPs to take on salaried or partnership roles. This includes Practice Nurses and Advanced Nurse Practitioners.

- Increasing numbers retiring within the next 5-10 years. Currently, 18% of local practice GP partners, 9% of salaried GPs, 14% of locums and 26% of practice nurses are aged 55 years and older.

2.1.3 The CCG works with practices when they are experiencing exceptional pressures; and also has an ongoing programme of work to increase their resilience and prevent them from reaching such a position.

2.2. Support for Practices at risk of closure; or considering merger with another practice.

2.2.1 The attached flowchart illustrates the process the CCG and practice involved undertake to minimise any disruption felt by patients when a merger is being considered and/or actively pursued. The preferred aim is to maintain the current level (and location) of the service provided, however if this is not achievable then there are a number of actions taken to relocate and/or re-procure the service. Examples of these in recent years have been to include the merger with another practice on the same or a different site; to disperse the patient list to neighbouring practices; or to commission another separate provider to take over the practice list in total. In this way most importantly the overall capacity of GP practices can be largely maintained, even if it not always been possible to do so from the same locations.

2.2.2 Should the either a procurement process or managed transfer of patients take place, then the CCG, in partnership with the practice(s), undertake a full engagement process to make patients aware of any potential changes; seek their views on any unforeseen impacts; and help shape proposed mitigating actions.

2.3 Patient engagement

2.3.1 Once the proposed course of action has been agreed, the final decision is made by the CCG Primary Care Commissioning Committee (PCCC), which is chaired by, and includes representation from, independent lay members. As well as the financial and practice issues considered when making the decision, the committee hears details of any patient consultations and how these have informed impact assessments undertaken by the CCG. These include Quality Impact Assessment accompanies this options paper to inform the final decision alongside an Equality and Health Inequalities Impact Assessment (EHIA); ensuring patients have been given full and appropriate consideration.

2.3.2 Key issues raised, and proposed mitigations, are then presented to the PCCC to help the committee members reach their decision. The most recent examples of this related to the merger of Matlock Road and Beaconsfield Practices, where the feedback from two patient consultation meetings; and written submissions, informed the impact assessment and mitigating actions presented to the PCCC.

2.4 Increasing resilience in Primary care

2.4.1 The CCG will be working with the other Sussex CCGs to deliver a programme of work in 2019/2020, based on four key themes, to support practices as follows

2.4.2 Practice Resilience –The adoption of a Sussex wide approach to use regional funds to target the most challenged areas to improve resilience; continue to provide dedicated CCG support to individual practices; and sharing good practice across the county to ensure practices learn from and support each other wherever possible.

2.4.3 GP Retention Programme – the development of more wide ranging career opportunities outside traditional practice partner role; aimed at locum GPs and GPs expressing a desire to leave the profession; Development of GP with Special Interest (GPwSI) posts in mental health; Supporting the development of First Contact Practitioner roles for Multi-skeletal and Mental Health services; and the promotion of GP Fellowships which include more flexible arrangements tailored to the needs of the individual GP.

2.4.4 Reception and clerical staff training – funding has been made available to provide training opportunities for all general practices in Care Navigation (helping patients find the right service for them); Workflow and Medical Terminology training; and enhanced reception and clerical staff training

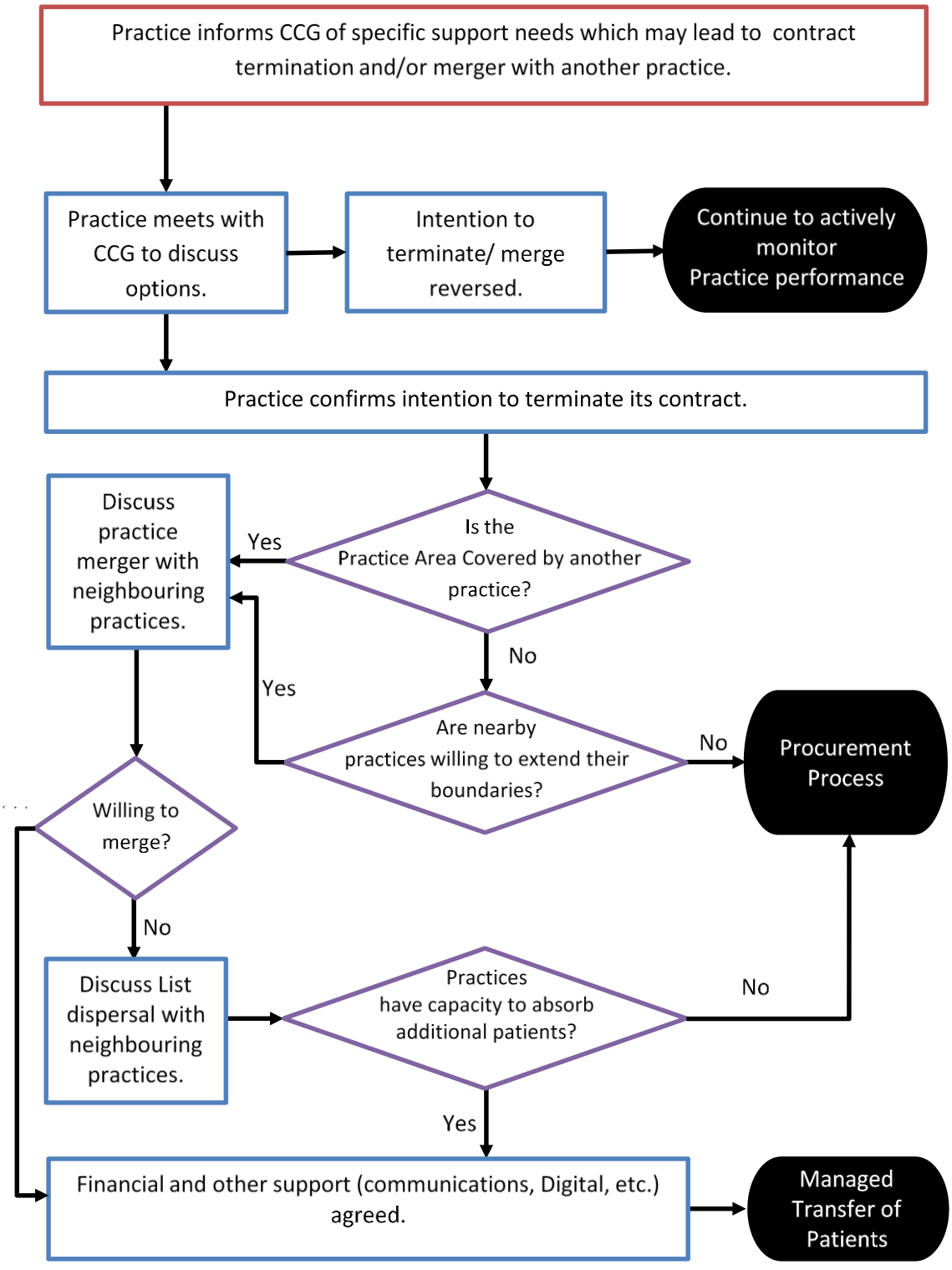
2.4.5 Online Consultation – the CCG will procure the right technology to allow practices the opportunity to offer patients online consultation appointments. This is addition to, and not replacing current face to face provision.

2.5 Conclusion

2.5.1 This paper summarises the joint work between General Practice and the CCG in the event of the former considering significant changes to the service they offer; the decision process and how patients are engaged to inform this decision. The programme of work being undertaken by the CCG to support practices and prevent such events is also described.

Diagram one

Decision Flow Diagram for Support to Practices considering merger/closure



Improvements made from lessons learnt

Based on lessons learned from previous mergers, the CCG has encouraged a dialogue with practices, starting with regular contract visits, to encourage as early warning as possible of likely events, such as retirements of key staff, problems with recruitment and so on, to enable mitigating actions to be in place as early as possible and thus minimise the impact, if any, on patients and practice staff.

Under current legislation the CCG is not able to purchase practices; directly employ clinical staff; or hold leases for any premises other than CCG administrative offices. However the CCG can and does work with other NHS and voluntary sector organisations to encourage their working in partnership with General Practices to address any potential problems to which they could provide assistance.

3. Important considerations and implications

3.1 Legal:

One of the Board's functions as described under the Council's Procedure Rules is to hold the CCG to account for the impact of their commissioning decisions ensuring that Health outcomes are improving in the way they should and Health inequalities are proactively addressed in commissioning plans.

The Board should also provide collective leadership to a whole range of City wide collaborative working and whole system issues – including emergency planning, resilience and preparedness, urgent care etc.

Lawyer consulted: Nicole Mouton Date: 16/10/19

3.2 Finance:
There are no direct financial implications arising from this report for the local authority.

Finance Officer consulted: Sophie Warburton Date: 16/10/2019

3.3 Equalities
When undertaking List dispersal the surgery and CCG will always consider the most vulnerable patients first. Past experience has included putting in extra support to help support patients make the links to the new surgery. Where required, Equality Impact Assessments will be undertaken in relation